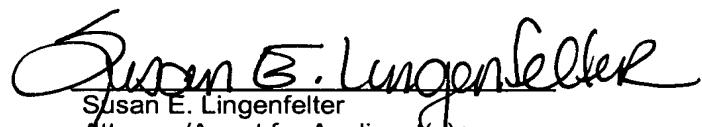




6-18-07

Express Mail No. EV531747732US

PATENT APPLICATION

FEES AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: 2861-US-CNT2		
Serial No. 10/633,202	Filing Date July 29, 2003	Examiner William W. Moore	Group Art Unit 1656			
In Re Application of Douglas Pat Cerretti For ADAM20 (SVPH1-26) DNA AND POLYPEPTIDES						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input type="checkbox"/> One month of original due date (\$120.00) <input type="checkbox"/> Two months of original due date (\$450.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,020.00) <input type="checkbox"/> Four months of original due date (\$1,590.00) <input type="checkbox"/> Five months of original due date (\$2,160.00)						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input checked="" type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.						
<input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6)	(7) Additional Fee
Total Claims	Minus		=	0	x \$50	= \$ 0.00
Indep. Claims	Minus		=	0	x \$200	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$360	= \$ 0.00
Total Additional Fee for this Amendment					\$ 0.00	
<small>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</small>						
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____						
<input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of <u>\$1,020.00</u> . A duplicate copy of this petition is attached.						
<input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore.						
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.						
<u>Please Send Future Correspondence To:</u> 22932 Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000						
 Susan E. Lingenfelter Attorney/Agent for Applicant(s) Registration No.: 41,156 Phone: (206) 265-7340 Date: June 15, 2007						

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